PTO/SB/47 (03-09)
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When to check the first box below. If you have a Customer Number to represent the fee address. When to check the second box below if you have no Customer Number representing the desired fee address. when to check the second box below if you have no Customer Number representing the desired fee address. in which case a completed Request for Customer Number (PTO/SB/125) must be attached to this form. For more information on Customer Numbers, see the Manual of Patent Examining Procedure (MPEP) § 403.

For the following listed application(s), please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with:

| OR  |                              |
|---|------------------------------|
| The attached Request for Customer Number (PTO/SB/125) form.   |                              |
| PATENT NUMBER (if known)  | APPLICATION NUMBER           |
|   | 10/645,848                   |
|   |                              |
| Completed by (check one):   |                              |
| Applicant/Inventor  | /Phouphanomketh Ditthavong/  |
| —   | Signature                    |
| Attorney or Agent of record 44658   | Phouphanomketh Ditthavong    |
| (Reg. No.)  | Typed or printed name        |
| Assignee of record of the entire interest. See 37 CFR Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  | 3.71. 703-519-9952           |
|   | Requester's telephone number |
| Assignee recorded at Reel Frame   | July 19, 2010                |
|   | Date                         |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more that one signature is required, see below. |                              |
| * Total offorms are submitted.  |                              |

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